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APPLICANTS

Eric John Gandras, Great Neck, NY;

One 1A

None 1D

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

None 1B

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Allowance <i>Philip J. Gandras</i> Examiner's Signature	Initials <i>PD</i>			

ADDRESS

Eric J. Gandras, M.D.
29 Vanderbilt Drive
Great Neck, NY11020

TITLE

Pelvic arterial catheter

FILING FEE RECEIVED 1952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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